REQUEST FOR PATENT FEE REFUND									
1 Date of Request:	ial/Patent	# 08/300	484						
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
Filing		-	\$ 31.00						
Amendment			\$						
Extension of Time			\$						
Notice of Appeal/Appeal			\$						
Petition			\$						
Issue			\$						
Cert of Correction/Terminal Disc.			\$						
Maintenance			\$						
Assignment			\$						
Other			\$						
	7 TOTAL OF REI	\$ 31,00							
	8 TO BE REFUNDED BY:								
10 REASON:	Treasury Check								
Overpayment		Credit Dep	osit A/C #:						
Duplicate Payment	9	12 2	475						
No Fee Due (Explanation):									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: Marsha Twitty	nal Inst. Ex.								
SIGNATURE: Marker Switty	· I	PHONE: 30	8-1203						
OFFICE: ////////////////////////////////////									

APPROVED: THESE COURSELY DATE: 12/14/94									
L			/						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B





PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1992

Application or Docket Number.

08/300484

	CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
FOR			EXTRA		RATE	FEE		RATE	FEE		
BASIC FEE						\$3 ⁷ 5.00	OR		\$710.00		
TOTAL CLAIMS 38 minus 20 = *		s 20 = * /8			x\$11=	198.00	OR	x\$22=			
INDEPENDENT CLAIMS		us 3 = * <i>O</i>			x 37=		OR	x 74=			
MULTIPLE DEPENDENT CLAIM PRESENT Umproper			aproper Cla	rino		+115=		OR	+230=		
If the	difference in colu	mn 1 is less then ze	o, enter "0" in o	column 2			TOTAL	553.00	OR	TOTAL	
		CLAIM (Column 1)	S AS AME	NDED - PART (Column 2)	(Column 3)		SMALL E	NTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		x\$11=		OR	x\$22=	
MEN	Independent	*	Minus	***	=		x 37=		OR OR	x 74=	
٩	FIRST PRE	SENTATION OF M	MULTIPLE DE	PENDENT CLAIM			+ 115=		OR	+230=	
		(Column 1)		(Column 2)	(Column 3)	ΑE	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	#	Minus	**	=		x\$11=		OR	x\$22=	
	Independent	*	Minus	***	=	11	x 37=		OR OR	x 74=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					11	+ 115=		OR	+ 230=		
. (Column 1) (Column 2) (Column 3)				A	TOTAL DDIT. FEE		OR	TOTAL DDIT. FEE			
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOZ	Total	*	Minus	**	=	1	x\$11=		OR	x\$22=	
AMENDMENT	Independent	*	Minus	***	=		x 37=		OR OR	x 74=	
٩	FIRST PRE	SENTATION OF I	MULTIPLE DI	EPENDENT CLAIM			+115=		OR	+230=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE							OR	TOTAL DDIT. FEE			
				IS SPACE is less to or Independent) is to		er fo	ound in the a	ppropriate b	ox <u>in</u> c	olumn 1.	

